

# How to be a Clerkship OSCE Examiner

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***Tuesday, February 6<sup>th</sup> at 5:00pm***

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# Assessment

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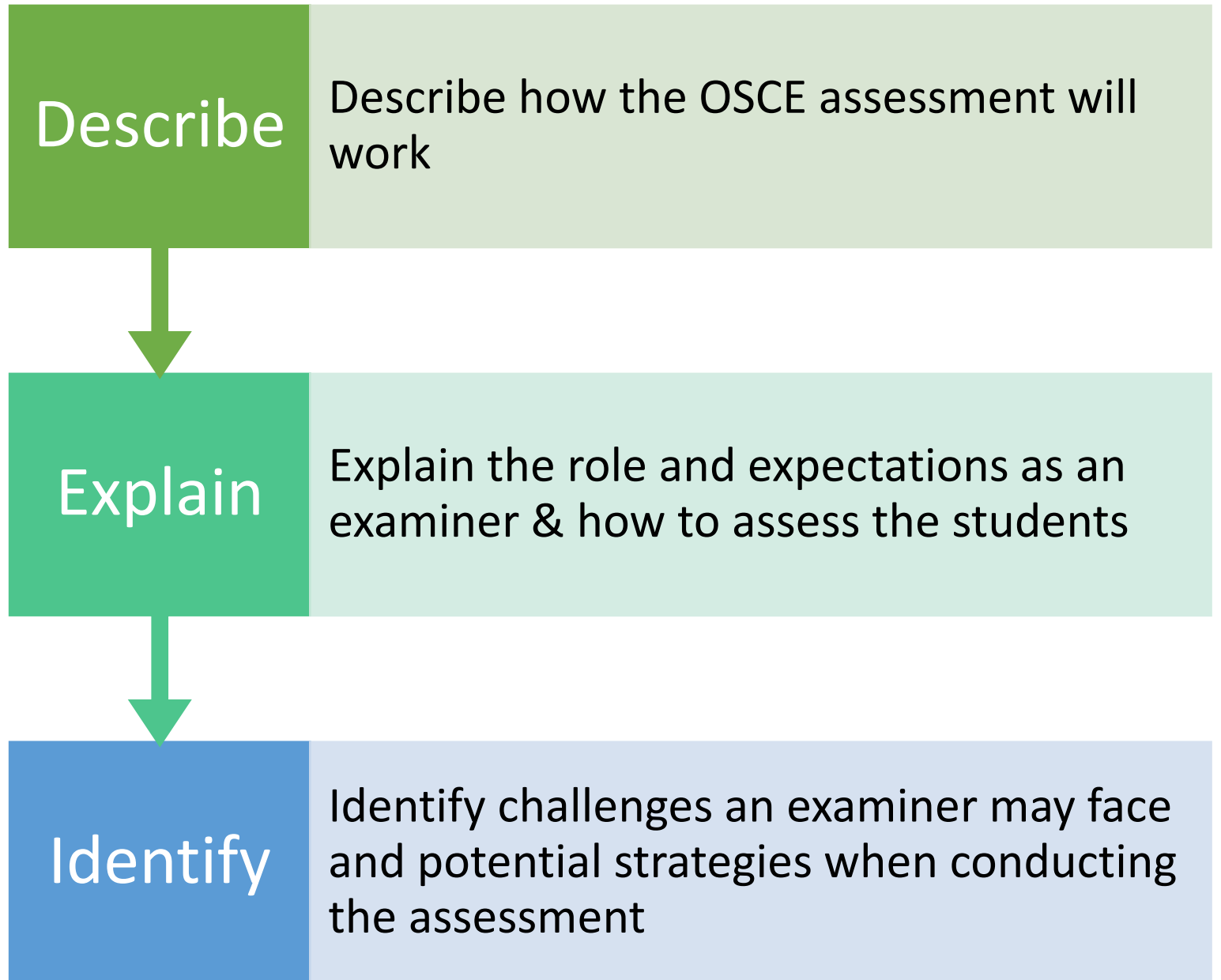
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By the end  
of this  
session, you  
will be able  
to:



# Teaching Plan

- Mitigating bias
- How to assess
  1. Global rating scales
  2. Post encounter probes
- Feedback
- Available help and Resources

# Goal of Assessment

To provide a fair, equitable and standardized assessment of clinical skills.

# Examiner Role – Setting the Tone

- Be fair and consistent across the exam and all students
- Create a safe and respectful environment for all students and SPs
- Understand the power differential between the physician examiner, students and SPs
- Be aware of potential biases, both explicit and implicit, which can occur in the role of examiner and may impact assessment

# What is bias?

Bias is an inclination or preference that influences judgement from being balanced or even-handed.

First impression bias: The tendency of an examiner to make snap judgements about a candidate within seconds of their meeting. These judgements can be positive or negative.

Confirmation bias: Seeking out and assigning more weight to evidence that confirms our initial assessment of a candidate. Ignoring or devaluing evidence that contradicts this assessment.

Gender bias: This is the influence of gender stereotypes and assumptions on our assessment of candidates, which results in the preference for men over equally qualified women.

# More types of bias that may impact your assessment

Prove-it again bias: Someone from an underrepresented group must work harder to demonstrate competency.

Leniency bias: Excusing one candidate's performance while the same behavior is not excused for a member of an equity-deserving group.

Performance attribution bias: Attributing the accomplishments of high-status groups to their abilities, while the accomplishments from marginalized groups are attributed to outside intervention, support, or luck.



# Tips to minimize bias during assessments

**Increase your self awareness:** Be aware of your bias and explore your thoughts and any feelings of discomfort you may have when interacting with people who are different than you.

**Aim to complete assessments between stations:** Research suggests that when we rush to score, we're more likely to rely on our biases or 'gut-feeling'. Final assessment of the learner should ideally happen right after the station

**Reject the myth of color blindness:** Don't pretend that you don't see a candidate's race or other differences (e.g., gender, religious expression, etc.). The goal is to respect these differences, instead of pretending they don't exist.

# New This Year

- All examiners MUST complete implicit bias training on unconscious bias and how to mitigate it. Please see go to the website for viewing:

<https://www.aamc.org/professional-development/affinity-groups/gip/webinar-unconscious-bias>

# How Do I Assess?

- Inside the station documents, there are station-specific Examiner Guidelines of what to expect from the level of student you are examining
  - Review the guidelines in detail
- There are 2 parts to all OSCE scoring:
  1. Global Rating Scales (GRS) assessing performance in the SP encounter
    - Based on CanMEDs roles
    - GRS samples can be found on Elentra
  2. Post-encounter probe questions
    - Standardized scoring of questions across all stations
    - Specific scoring instructions provided for each question

# Global Rating Scales

- Station scoring will have a number of global ratings to complete
- Each is on a 5-point scale from 1-5 with 5 being outstanding
- There is an overall rating scale – An overview of overall performance on that station

# GRS Example

<b>Medical expert - History taking and data collection</b>	Acquires chronologic, medically logical description of pertinent events. Acquires information in sufficient breadth and depth to permit a clear definition of the patient's problem(s).			
Unsatisfactory	Borderline	Meets Expectations	Exceeds Expectations	Outstanding
1	2	3	4	5
Incomplete, major omissions, lacks focus, asks irrelevant questions.	Often misses several aspects of history, not well organized.	Thorough, logical, organized, accurate.	Proficient, organized, thorough, logical, elicits some subtle historical points.	Exceptional ability to elicit relevant detail and subtle points with efficient use of time.

# GRS Scales

<b>Medical expert</b>		
<b>History taking and data collection</b>	<b>Information synthesis and problem formulation</b>	<b>Diagnostic and management plan</b>

<b>Communicator</b>	
<b>Counselling</b>	<b>Non-verbal expression</b>

<b>Collaborator</b>
<b>Allied Health Professionals</b>

<b>Physical Exam</b>	
<b>Approach and Organization</b>	<b>Technical Performance</b>

<b>Professional</b>
<b>Ethical Behavior</b>

<b>NEW: Clinical Reasoning*</b>	<b>Overall</b>
<b>Answers to PEPs</b>	<b>Assessment of the knowledge and skills</b>

# How Do I Assess?

- **GRS: EXPECT & BE READY** to use the whole range of the global rating scale (1-5)
- **OVERALL performance:** OVERALL performance across ALL scales + SCORES on the Post-Encounter Questions

# Global Rating Scales (GRS)

- When completing the Global Rating Scales and Overall Performance the rater needs to ask themselves:  

"Is this candidate clearly competent, not competent or am I uncertain due to a mixed performance?"
- Use the information about how student performed on the **GRS** and **PEPs** to determine your impression of the student's **Overall Performance**



# Global Rating Scales (GRS)

- Unsatisfactory = 1; Competent  $>$  or  $=$  3; Uncertain = Borderline
  - Use the behavioral descriptions under each rating to help guide you
- If the rating is  $>$  or  $=$  to 3 (Competent), does this candidate meet, exceed, or are they outstanding?
- If the rating is 1 (Unsatisfactory), what is my evidence? (use narrative boxes to document)
- If the rating is 2 (Borderline), what gives me pause? (use narrative boxes to document)

# Example GRS

Clearly not  
Competent

Something gives  
me pause

Clearly  
Competent



	Unsatisfactory	Borderline	Meets Expectations	Exceeds Expectations	Outstanding
<b>Physical Examination – Approach and Organization</b> Describes an appropriate approach to and organization of physical exam.	Incomplete, disorganized, no flow, lacks focus, approach is unlikely to detect pertinent physical findings.	Somewhat incomplete, limited organization, limited flow, limited focus, approach would have difficulty detecting pertinent physical findings.	Generally complete, acceptable organization, acceptable flow, appropriate focus, approach that would result in a reasonable chance of detecting pertinent physical findings.	Complete, well organized, good flow, well focused, approach that would be highly likely to detect pertinent physical findings.	Complete, thorough, exceptionally organized, smooth flow, well focused, approach that would be very unlikely to miss any pertinent physical findings.

# Post-Encounter Probe Scoring

- Scoring and acceptable answers for each question are standardized
- Scored out of 1, may be divided into half points
- **\*New this year\*** Clinical Reasoning GRS
- **Complete BOTH the score out of 1 AND the GRS**

# Example PEP

## 1. What investigations would you like to order? List 2.

1.0 **0.5 points** for any of 1) Blood culture 3) Urine culture 4) Lumbar puncture 5) COVID test

0 No answers above listed; provides more than 2 responses

## 2. What are the 3 next best steps in the management of this patient?

1.0 Any 3 of: 1) Apply oxygen

2) Cancel surgery

3) Start antibiotics

4) start IV steroids

5) start nebulized salbutamol

0 No answers above listed; provides more than 3 responses; indicates patient can still have surgery

# Clinical Reasoning GRS

	Unsatisfactory	Borderline	Meets Expectations	Exceeds Expectations	Outstanding
<b>Clinical Reasoning – Post Encounter Questions</b> Taking into account a student's performance on these questions, what is the students overall clinical reasoning ability. This is informed by the quality of the answers and is not only directed by the number of correct or incorrect answers.	Incomplete understanding and inaccurate clinical reasoning.	Somewhat incomplete understanding and limited accuracy of clinical reasoning.	Reasonable understanding and reasonably accurate clinical reasoning.	Complete understanding and accurate clinical reasoning.	Exceptional understanding and clinical reasoning.

# Student Feedback

If a student scores a 2 or below on any aspect of the GRS

*or*

If you mark anything as “**Unprofessional**”

*or*

Overall rating as “**Unsatisfactory**”

then

You **MUST** write comments as to **WHY**

# Student Feedback

- Note the behaviour you observed, be specific
- No opinions/judgements
  - Avoid subjective terms that lack clarity (e.g. “empathic”, “judgemental”)
- Use point form to save time
- Use dictation button on the app keyboard to help document feedback more quickly
  - Correct errors on speech-to-text with the keyboard

# Student Feedback – E.g. Strengths

- Comprehensive history taking (e.g. Obtained OPQRST for pain history)
- Good cohesion and control of interview
- Focused and prioritized interviewing skills
- Well organized and efficient use of time
- Excellent communication skills (e.g. body language showed you were listening to the patient – nodding your head)
- Develops good rapport with patient (e.g. by asking about their worries/fears)
- Able to counsel patient effectively (e.g. provided patient with 3 helpful tips – Describe)



# Student Feedback – E.g. Areas for Improvement

- Inadequate history taking (e.g. Did not ask about pertinent positives/negatives)
- Lacked cohesion and control of interview
- Lack of focus in interview
- Poor communication skills (e.g. missed out on opportunities for empathic responses to patient distress by not allowing for silence, not paraphrasing/mirroring their concerns, expressing concern for their wellbeing)
- Unable to obtain rapport with patient
- Missed key aspects of counselling discussion

# Student Feedback – Professionalism

- Inappropriate draping
- Inappropriate touching
- Disrespectful to patient
- Apparent lack of caring and empathy (be specific about which aspects of caring/empathic communication were not shown)

# Clerkship: Who is available to help?

- Ask for help via Phone/Text/WhatsApp when needed.
- **Chief Examiner** to assist with station or assessment specific questions
- **risr/assess Administrator** to assist with technical challenges
- **Standardized Patient Program (SPP)** staff to assist with role portrayal

# What resources and materials will be sent to you before the exam?

- Elentra
  - Examiner Information document
  - Recording of faculty development session's slides and videorecording
  - risr/assess credentials and iPad walkthrough

# Feedback and Questions

- **Clerkship** Administrative or reimbursement questions:  
[md.clerkship@utoronto.ca](mailto:md.clerkship@utoronto.ca)
- **Exam process questions, assessment questions:**  
[fokhan.leung@utoronto.ca](mailto:fokhan.leung@utoronto.ca)
- **Exam feedback:** [zia.bismilla@sickkids.ca](mailto:zia.bismilla@sickkids.ca)

Thank-you!